

ESSEX EDUCATION COMMITTEE.

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# REPORT

OF

## SCHOOL MEDICAL OFFICER

ON THE

## MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1936.

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CHELMSFORD:

Printed by John Dutton Ltd., 8, Tindal Street and 91, High Street.



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## INDEX.

	PAGE.
Adenoids .. .. .	.. 11, 16
Baths .. .. .	.. 32
Blind .. .. .	.. 38, 41
Child Welfare .. .. .	.. 7
Clinics .. .. .	.. 16
Co-ordination of Health Work .. .. .	.. 6
Convalescent Schools .. .. .	.. 41
Cripples .. .. .	.. 29, 39
Deaf .. .. .	.. 38, 41
Defects found .. .. .	.. 10
Delicate Children .. .. .	.. 7, 39
Dental Treatment .. .. .	.. 20, 29
Ear Disease .. .. .	.. 14, 19
Employment of Children .. .. .	.. 47
Epileptics .. .. .	.. 38, 41
Findings of Medical Inspections .. .. .	.. 10
Following-up .. .. .	.. 16
Hygiene .. .. .	.. 8
Infectious Disease .. .. .	.. 32, 33
Meals .. .. .	.. 35
Medical Inspections .. .. .	.. 9
Medical Inspectors .. .. .	.. 6
Mentally Defective Children .. .. .	.. 38
Milk Supply, etc. .. .. .	.. 12
Multiple Defects .. .. .	.. 39
Nurses .. .. .	.. 7
Nutrition .. .. .	.. 12
Open-Air Education .. .. .	.. 33, 40
Orthopædic Scheme .. .. .	.. 13
Parents, Co-operation of .. .. .	.. 14, 37
Physically Defective Children .. .. .	.. 29
Physical Training .. .. .	33, 34, 35
Propaganda, Health .. .. .	.. 42
Ringworm .. .. .	.. 17
Schools, No. of .. .. .	.. 5
School Buildings, etc. .. .. .	.. 9
School Population .. .. .	.. 5
Secondary Schools .. .. .	.. 42
Skin Discases .. .. .	.. 17, 18
Special Enquiries .. .. .	.. 43
Staff .. .. .	.. 5, 6
Teachers, Co-operation of .. .. .	.. 37
Tonsils .. .. .	.. 11, 16
Treatment .. .. .	.. 16
Tuberculosis .. .. .	.. 17
Uncleanliness .. .. .	.. 32
Vision .. .. .	.. 18
Voluntary Bodics .. .. .	.. 38

## ESSEX EDUCATION COMMITTEE.

# PREFACE.

*To the Chairman and Members of the Essex Education Committee.*

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Twenty-eighth Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1936, in the part of the Administrative County of Essex for which the County Council is the Education Authority.

The strength of the medical staff has been maintained, and the dental and nursing services have been augmented; five additional whole-time dental surgeons and dental attendants are to be appointed during 1937.

There was a considerable increase in the number of children examined by the medical staff, the total number being 94,410 for 1936, as compared with 81,357 for 1935. This increase applied only to the groups known as 'specials' and 're-inspections.'

Seventy-five per cent. of the parents were present at the medical inspections, which reveals the continued interest taken by them in the health and well-being of their children. Reference is made again in the reports of the medical staff to the unsuitability of rooms which have to be used for medical inspections, and to inadequacy of waiting accommodation for parents, at many of the schools. It is encouraging to note that the Committee has now agreed to provide in new schools a room to be earmarked for medical inspections.

The number of individual children in the prescribed age groups who were found at routine medical inspections to require treatment (excluding defects of nutrition, uncleanliness and dental diseases) was 5,254, or 12.77 per cent., the figures for 1935 being 5,828, or 12.72 per cent. As in previous years, sight, nose and throat conditions constituted the majority of the defects—see Table IIA on page 49.

Increasing attention is again being focussed upon nutrition, due to the launching of a campaign to secure a fitter nation. It is argued that in the towns and rural areas there are many men, women and children in a state of nutrition below normal. So far as children in the area of the Essex Education Committee are concerned, however, this unsatisfactory state of affairs is not confirmed by the results of the routine examination of 41,151 children during 1936. The nutritional condition of 96.61 per cent. of the children was classified as excellent or normal, 3.08 per cent. slightly sub-normal, and 0.31 per cent. as bad. Enquiry



into individual cases in the two latter groups has shown that usually the malnutrition was not necessarily the result of lack of food, but was probably caused by improper feeding, insufficient sleep and rest, faulty habits or bad training of the child. The special investigation carried out by Dr. J. Graham in the Dagenham area into the dietary of 600 school children, particulars of which are given on pages 45 to 47, is illuminating. It reveals a moderately satisfactory variation in the daily diet, but it is significant that milk, water, vegetables, raw fruit and fish are not included as often as they should be in the children's diet. The obtaining of a third of a pint of milk daily under the Milk-in-Schools Scheme has undoubtedly improved the general nutrition of the children. This scheme is now in operation in 483 schools, and the number of children drinking milk daily has increased to 38,362, or 37 per cent.

Particulars of the dental inspections and treatment carried out are recorded in Table V on page 54. Sixty-seven per cent. of the children inspected were found to require dental treatment, but only about half of these accepted treatment. I am especially indebted to the Senior Dental Surgeon (Mr. S. K. Donaldson) for the way in which he has achieved such excellent results during the year, and for his help in making provision for the increasing work in 1937. His report on pages 21 to 29 gives observations on the inspections, treatment and propaganda carried out in 1936, and the inferences to be drawn therefrom. The reference to "malnutrition of the teeth" on pages 24-25 calls for special mention—it emphasises the need for an "excellent" state of nutrition for all expectant mothers, a phase dealt with in a special circular which was issued recently by the Ministry of Health, and which is now engaging the attention of the Public Health and Housing Committee.

Medical inspections of secondary schools, both maintained and deficiency aided, were again carried out, the total number of routine inspections being 6,131. In addition, there were 724 re-inspections and 178 special inspections. The percentage of pupils referred for treatment as a result of routine inspection was 10.3, which is slightly less than the figure for 1935.

I wish to take this opportunity of again expressing my sincere thanks to the Chairmen and Members of the Education Committee and the School Medical Sub-Committee for their kindly advice and assistance during the year. My thanks are also due to the Director of Education, Head Teachers, Clerks to District Education Sub-Committees, as well as to the Medical, Dental, Nursing and Clerical Staffs, for their valuable co-operation and assistance.

I particularly desire to thank the Deputy County Medical Officer, Dr. T. P. Puddicombe, for compiling this report and for his help throughout the year.

W. A. BULLOUGH,  
*School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
CHELMSFORD.

*April, 1937.*

## ESSEX EDUCATION COMMITTEE.

# ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1936.

## 1. Area, Population and Staff.

### (a) Area and Population.

The population of the Geographical County of Essex according to the Registrar General's estimate at mid-year, 1935, was 1,858,900, allocated as follows :—

(1) Administrative County Area, within which the Essex County Council is responsible for :—

(a) Elementary (and also Secondary) Education	744,540
(b) Secondary Education only .. .. .	573,360
(2) County Boroughs .. .. .	541,000

The Registrar General's estimated population for 1936 is not yet available.

In area (1) (a) the number of elementary schools has increased from 449 in 1935 to 450 (231 Non-Provided and 219 Council) in 1936. The Council Schools include two Special Day Schools for the Mentally Defective (accommodation 140), one Open-Air School (accommodation 60), Special Classes for the Physically Defective (accommodation 125), and one Special Sight Saving Class (accommodation 20). There are 556 departments, with an average number of 103,868 scholars on books and an average attendance of 91,547, and ten Secondary Schools with accommodation for 4,602 pupils.

Area (1) (b) contains 10 Secondary Schools, with accommodation for 4,080 pupils, and 7 Technical and Art Schools with 10,426 pupils on books.

In the Administrative County there are also 11 aided (including 7 deficiency aided) Secondary Schools, with a total number on books of 3,933 pupils and a further 9 recognized Secondary Schools with 2,109 pupils on books. Routine Medical Inspections are now carried out at six deficiency aided schools and at Ilford Ursuline High School (aided).

### (b) Staff, &c.

Changes in the Medical, Dental and Nursing Staffs during 1936 were as follows :—

#### *Ophthalmic Surgeon.*

*Resignation. Ahern, G. J.*

*School Medical Inspectors.*

- (a) *Appointment.* Sutcliffe, Miss Mary.  
(b) *Resignation.* Anderson, L. G.

*Dental Surgeons.*

- (a) *Appointments.* Gilbert, B.L.A. (temporary), Hurley, D. W., Jones, F.,  
(*Whole-time*). O'Callaghan, J.
- (b) *Resignation.* Gilbert, B. L. A.  
(*Whole-time*).  
(*Part-time*) Rose, W. S., Webb, S. J. F.

*School Nurses.*

- (a) *Appointments.* Evans, M. (Second Assistant Chief Health Nurse),  
*(Health* Bond, D. E., Cooper, D. G., Land, L. B., Teale, C.  
*Visitors).*  
*(Whole-time* Charles, J., Jewell, J. M.  
*School*  
*Nurses).*

- (b) *Resignations.* Knowlton, D., Pethybridge, K. M. A.  
*(Health Visitors).*  
*(Whole-time School Nurse).* Gardiner, N.

### Dental Attendants.

- (a) *Appointments.* Felgate, Mrs. C. (temporary), Luck, L. A., Nicholls, L. M., Polley, L.  
(b) *Resignations.* Duncan, I., Felgate, Mrs. C.

## 2. Co-ordination of Health Work.

(a) *Medical Services.*

There has been no change during the year to interrupt the complete co-operation already instituted between the various branches of the County Health Services. The Minor Ailment Clinic Services continue to show increased attendances and extra clinic sessions have been inaugurated. A particular effort has been made during the year to facilitate the attendance of the pre-school child at these clinics. In this connection, arrangements have been made with the Dagenham and Romford Urban District Councils under which a percentage of pre-school children in these autonomous Child Welfare areas may attend the Minor Ailment Clinics.



Further endeavours have been made to ensure that the essential points and notes on the Child Welfare records of the pre-school child shall be available for the School Medical Inspector at the School Entrants' medical examination, in order that the health records of the school children may be as complete as possible. The combined Medical Services have continued to give full satisfaction.

The equivalent number of whole-time Medical Officers participating in School medical duties at the end of the year was  $14\frac{1}{4}$ , as for the preceding year.

(b) *Nursing Services.*

The Chief Health Nurse and her Assistants continue to carry out the general supervision and co-ordination of the duties of the Health Visitors and School Nurses, and this service has been strengthened by the appointment of a second Assistant Chief Health Nurse.

At the end of the year there were 51 Health Visitors who also participated in School Nurses' duties, an increase of two on the previous year, and 9 Whole-time School Nurses (Dagenham 8 and Romford 1), making a total equivalent of 29 whole-time School Nurses.

(c) *Maternity and Child Welfare Centres.*

Additional centres in the County Child Welfare area have been provided during the year, as follows :—Hutton, Great Sampford and Southminster.

On 1st April, 1936, the Child Welfare Centres at Aveley, South Ockendon, Purfleet and West Thurrock were transferred to the newly created Thurrock Urban District Council, who took over the Maternity and Child Welfare powers in the old Purfleet Urban District. On the same date the Child Welfare Centre at Langdon Hills was transferred from the old Orsett Rural District to the County Council.

The total number of centres in operation in the County Child Welfare Area at the end of the year was 103.

Mention has already been made of the efforts instituted for the increased attendances of the pre-school child at the Minor Ailment Clinics and Toddlers' Clinics are arranged at various centres.

Women's Welfare Clinics have been established at Braintree, Brentwood, Chingford, Colchester, Hornchurch, Laindon, Maldon and South Benfleet.

Ante-Natal Clinics are held at 21 Centres, an increase of one on the previous year, a new Centre having commenced at Harlow.

Child Welfare and Ante-Natal Clinics are attended by Assistant County Medical Officers at 88 Centres, and by general Medical Practitioners at 36 Centres.

(d) *Care of Delicate Children under School Age.*

The Orthopædic, Aural and Ophthalmic Specialists' Clinics are available for the pre-school as well as the school child.

Arrangements are also made to treat all children who suffer from Minor Ailments at the School Clinics.

### 3. School Hygiene.

#### (a) *General.*

There is no doubt that in the past few years much has been done to raise the standard of the school buildings and offices from a hygienic point of view.

The newer buildings are excellently planned and well ventilated, and it now only remains to ensure that the greatest possible benefit is obtained from the facilities provided. The provision of sufficient and efficient inlets and outlets for ventilation is excellent, but useless in itself to preserve the air in the classroom in a pure condition. It is still essential that the Head Teachers and the School Medical Staff should satisfy themselves that adequate use is made of these facilities. During play periods and between school sessions, all classrooms should be thoroughly flushed with fresh air, and this can best be achieved by opening all windows and doors of the classrooms to the fullest extent.

If this practice is adhered to, there can be little doubt that the health of both scholars and teachers will benefit, and also it will be an added safeguard against the spreading of infectious diseases.

I am aware that many Head Teachers take a great interest in hygiene and appreciate the value of teaching its principles in school. When all Head Teachers take a similar interest in imparting the practice of the hygienic methods of life to their scholars, it will be of the greatest benefit to the children concerned and the general populace. Hygiene is not a subject to be set aside for use during certain sessions ; its aim and practice should be followed daily as occasion demands and opportunity arises.

The fullest use should be made of the Handbook of Suggestions for Health Education published by the Board of Education. The School Medical Inspectors are encouraged to take an interest in this very necessary subject, both in regard to personal hygiene of the scholars and suitability of the buildings.

In the teaching of Hygiene, as previously mentioned, it is of the utmost importance that hygienic methods should be practised in the daily life of the children and those associated with them, and to do this it is necessary that the school buildings, especially the lavatories and offices, should be kept clean and in good sanitary repair. Such details as the cleanliness of towels, the provision of sanitary paper, the washing of hands before meals, the use of the handkerchief and tooth brush, &c., must all receive attention if actual and lasting benefit is to accrue.

Only by regular and persistent instruction and demonstration in this most important subject will progress be made.

#### (b) *Premises.*

The Committee's building programme has continued, and during 1936 one new Secondary, one new Technical and seven new Council Schools were opened, as follows :—

Dagenham County High  
 South East Essex Technical College.  
 Romford Pettits Council Senior.  
 Brentwood Council Senior.  
 Thurrock Tilbury Manor Way Council Junior and Infants'.  
 Chipping Ongar Council Senior.  
 Hornchurch Elm Park Council.  
 Hornchurch Upminster Gaynes Council Senior.  
 Romford Clockhouse Lane Council Junior and Infants'.

The South East Essex Technical College, which was officially opened by the Rt. Hon. Oliver F. G. Stanley, M.C., M.P., President of the Board of Education, on the 24th November, 1936, is worthy of a special note :—

It is excellently planned and constructed for the advancement of technical, art and commercial education, and situated in the South Metropolitan Essex populous area, being actually in the Borough of Barking, but closely adjacent to the large Dagenham population. It should be of the utmost value in the technical education of the young people who are the present and future students of this excellent college.

It is intended to act in the dual capacity of providing technical education for young adults as well as for a proportion of the pupils of secondary school age, thus providing a higher education of a technical rather than an academic character.

Six schools have been closed, viz. :—Cressing Council, Little Horkesley C. of E., Thurrock Corringham C. of E., Pattiswick C. of E., Romford Collier Row Temporary Council, Grays Special (M.D.).

#### 4. Medical Inspections.

An analysis of the results of Inspections are recorded in this Report on pages 48 to 58.

##### (a) *Groups Inspected.*

The three statutory routine groups, viz., Entrants, Intermediate and Leavers, have been inspected and it is again satisfactory to report that these inspections have been kept well up-to-date.

Tables I A and B show the total number of examinations as 94,410. This total includes 41,151 routine examinations, 16,443 special examinations and 36,816 re-inspections.

This is a decrease of 4,663 routine and an increase of 5,999 specials and 11,717 re-examinations, as compared with the figures for 1935, and again indicates that more time has been available for inspection of specials, re-examinations and treatment as a result of the routine examinations being kept up-to-date.

##### (b) *Holding of School Medical Inspections off the School Premises.*

Such arrangements were found necessary in one Secondary and 22 Elementary Schools.



It is satisfactory to report that the Committee have at last agreed to the necessity of making suitable arrangements for the carrying out of these health duties of the School Medical Staff, and have decided to provide a suitable room in future in new schools, mainly for the use of the School Medical Service.

## 5. Findings of School Medical Inspection.

### (a) *General.*

Table II A shows the number of defects found at routine and special inspections.

Defects of the sight and nose and throat, as in previous years, constitute the majority of these defects. Skin conditions are next in order on the list.

Table II B classifies the nutrition of the children inspected in the Routine Groups, 4.55 per cent. being classed as excellent and 92.06 per cent. as normal; *i.e.*, 96.61 per cent. were considered as being satisfactory, leaving 3.39 per cent. below normal, including 0.31 per cent. bad. These figures are a slight improvement on the previous year, when 95.79 per cent. were classed as satisfactory and 4.21 per cent. as below normal.

Table I C sets out the number of individual children found at routine inspections to need treatment, excluding defects of nutrition, uncleanliness and dental diseases. The percentage is about the same as that for the previous year, *viz.* :— 12.77 per cent. as against 12.72 per cent.

### (b) *School Medical Inspectors' Reports.*

The following are comments taken from the School Medical Inspectors' reports on the work during the year 1936 :—

#### (i) *Medical Inspections.*

The large number of parents who attend at routine inspections shows the service is appreciated. Many parents express their appreciation and thanks.

Waiting accommodation is often inadequate, and this problem is deserving of careful consideration.

The rooms used for medical examinations are often ill-suited to the purpose. It would assist if at least one screen were available in each school.

Portable electrically illuminated Snellen Test Types would be helpful in the testing of vision where the lighting of the room is uneven and unsatisfactory.

Organic heart disease and rheumatism and its associated conditions are more prevalent amongst girls than boys. Careful supervision is required of those children exhibiting rheumatic manifestations, which appear to be on the increase.



The inspections have been carried out with full co-operation of the teachers.

The general health and condition of the children appear to improve each year. Any defects discovered have in many cases been remedied or improved. Children requiring special advice or treatment can always obtain this. With the small number of parents who are unwilling to co-operate, persistent following-up is practised.

Refusals to medical inspections are very few.

(ii) *Dental Treatment.*

More acceptance of conservative treatment is apparent.

It is surprising that frequently a child who has perfect teeth admits that the teeth are never cleaned, and no control exercised over the diet, *e.g.*, in the consumption of large quantities of sweets.

The reduction in the fee for dental treatment has resulted in some increase in the acceptances. Much more is to be hoped for, however, from the intimation that refusal to accept treatment after routine dental inspections may mean refusal of future treatment under the scheme.

Refusal of routine treatment in the past has resulted from the fact that parents have relied on treatment being available when the child eventually suffers from toothache.

Too many parents think that the dental service exists for the extraction of decayed teeth, and ignore the fact that the saving of a tooth by conservative treatment is of much greater benefit.

Dental treatment is increasing, but there are still too many refusals. It is essential that there should be as little delay as possible between the acceptance and treatment provided.

Dental defects are still in great evidence, but there is less difficulty in getting parents to obtain treatment. Gas clinics for extractions have a great advantage over the local anæsthetic, and are no deterrent to continuation of treatment.

(iii) *Eye Clinics.*

A number of children do not wear their glasses regularly and, when asked why, give the excuse that the glasses are broken or of no use to them. This is noted chiefly in senior departments, due, it appears, mainly to a dislike to be seen wearing glasses. This implies the advisability of more strict supervision of these children.

The provision of an Ophthalmic Surgeon has been a considerable help and a necessity, and is greatly appreciated.

(iv) *Tonsils and Adenoids.*

No unsatisfactory result has been seen from conservative treatment in a large number of cases, where the tonsils showed definite enlargement.

One feels that much more stress should be placed on the possibility of infected sinuses as a cause of chronic catarrh in school children, as simple inhalations frequently cause remarkable improvement.

There is frequently a long wait for admission to hospital for operation, with consequent detriment to the child's health.

The services of the Specialist for ear, nose and throat conditions have been helpful.

(v) *Nutrition.*

In general, the nutrition of the school child is satisfactory, but the exact grading is probably influenced by the individual outlook of the medical officer concerned. Thus one would wish that more exact standards could be tabulated.

It would be advantageous if all children who do not return home for the mid-day meal could be provided with facilities for obtaining meals at school.

The provision of a hot mid-day meal in schools is of great benefit. Those provided are enjoyed by the children who, according to their parents, will not eat cooked meals at home. Having seen some of the meals provided at home, it is understandable that they are not eaten with relish. It is hoped that the girls of to-day will learn more of the culinary art than their mothers appear to have done.

The result of the parental supervision of the correct diet of their children individually has been rewarded by gratifying and encouraging results.

There is little malnutrition amongst the children. Under-nourishment does not necessarily mean lack of food, but more usually the inability to assimilate the necessary nourishment from the food given.

Enquiry into individual cases usually shows improper feeding, late hours, faulty habits or bad training of the child. The rural house-holder usually cultivates his own garden and produces there the bulk of fresh vegetables required by the family.

The Milk in Schools Scheme continues to be satisfactory and the number of children participating is increasing.

In spite of the extra duty imposed on teachers, the fact that every teacher is impressed by the success of the Scheme is ample testimony to its value.

A considerable number of parents have expressed appreciation of the Scheme, which is working well and it may now be said to have been generally adopted.

The Milk Scheme has without doubt produced a marked effect in improving the general nutrition of the children. In the past seven years an increase in the height and weight of the children has been noticed.

The supply of free milk to the necessitous has benefited the health of the children concerned, and the parents have been most grateful for the extra nourishment thus supplied.

Some of the children have one-third of a pint twice a day, a practice to encourage. It would be an advantage to increase the minimum of one-third of a pint to a half-pint per day.

A number of parents refuse to be persuaded to allow their children the benefit of the scheme, the main reasons for refusal being that the children (a) do not like milk ; (b) are upset by it ; (c) are put off their mid-day meal by it.

A certain number give no sufficient reason for their refusal, but adopt an antagonistic attitude, as they appear to think that the suggestion that their children would benefit by extra milk is to some extent a personal reflection on them as parents.

This Scheme would be greatly improved if the milk could be provided during school holidays and also during convalescence after illness before the child returns to school.

Milk is not so popular in the winter in schools where it is not heated ; the children do not like it and prefer warm Horlicks.

In one instance it was suggested that the milk should be partaken of at 10 o'clock instead of at 11 o'clock. This practice does not interfere with the appetite for dinner, and appeared to be beneficial, as many children only have sketchy breakfasts before setting out for school.

Practically all the schools in one district participate in the Milk in Schools Scheme, and the necessity for free milk has arisen in the case of only a few children.

There is a marked increase in the sale of Cod Liver Oil and Malt in the schools, with undoubtedly a beneficial effect on school attendance. It is regretted that Cod Liver Oil and Malt is not stocked at all schools.

In some cases Parrish's Food in School would be of great value.

Convalescent treatment for the debilitated and undernourished has been provided and three months for the majority should be the minimum period.

A vast number of children do not get sufficient sleep.

#### (vi) *Orthopædics.*

The Orthopædic Remedial Clinic shows an increased number of attendances. Unfortunately some of the children will not give the required concentration to the exercises to obtain complete success.



The bad effect of plimsolls and sandals on the feet of growing children has been previously mentioned.

Plimsolls may be useful in physical exercises, but must not be worn continuously, or the result may be flat feet, a condition which appears to be on the increase.

The Orthopædic Clinics are well attended, and of definite assistance to the school medical work.

(vii) *Minor Ailments.*

A considerable number of cases of impetigo have been seen.

Every effort is made to obtain the confidence of the parent in the School Clinics, and mention should be made here of the services of the School Nurses in this connection.

The School Clinic is well attended ; in fact parents are inclined to treat this as a general hospital, a practice which has to be gradually curtailed.

The Minor Ailment Clinic continues to give satisfactory results.

(viii) *Ear Conditions.*

In 1934 approximately 5 per cent of the children were reported as suffering from chronic otitis media. Careful examination with an electric auroscope in every child inspected during 1936 showed a much smaller percentage. Early treatment of these cases has proved that cure can be obtained.

Continuous attention has been given to the ascertainment and treatment of ear defects.

The special Ear, Nose and Throat Clinics are appreciated by the parents.

(ix) *Co-operation in School Medical Work.*

Co-operation with parents is excellent.

During the year there has been a marked increase in the interest and co-operation of parents. This is especially worthy of note in regard to the importance of proper food in combating certain conditions found to develop during the school period. I refer especially to rheumatism and the catarrhal conditions.

It is gratifying to know that most Head Teachers look on medical inspections as a very valuable adjunct to the routine school work and assist in every way possible.

There can be no more valuable link between the parent and the School Medical Inspector than the Head Teacher, and this help has been found of great value.



Advice has often been given on medical problems in connection with individual scholars and general questions affecting school work.

Co-operation and co-ordination between the health services for the pre-school child and the child of school age are of the greatest importance. The provision of notes from the Child Welfare Clinics is of considerable help.

(x) *Speech Defects.*

Provision of suitable classes for these defects is very desirable.

(xi) *General.*

It is a matter for satisfaction that Head Teachers include the medical staff more and more in social invitations—*e.g.*, school concerts, boxing contests, bazaars and sales of work, &c. Attendance at these functions makes further contact with parents, and is also valuable from the point of view of seeing children apart from the more formal medical examinations.

The establishment of Senior Schools has in many cases considerably increased the distance the child has to travel to school, and the attendance during the winter months suffers on this account.

The School Nurses and Head Teachers have given valuable assistance.

The general cleanliness of most of the scholars is a testimony to the excellent work of the School Nurses, and their unfailing constant care of all scholars.

I am of opinion that the more intensive Child Welfare work as at present carried out is beginning to have its effect on the school population. This is demonstrated at the school medical inspections, as it is found that many conditions have been remedied or are under treatment prior to examination at school as an entrant.

*Mothercraft in Schools.* Requests were received from two Head Teachers for the instruction of the children in their schools in Mothercraft. A course of lessons was given in each case by the Health Visitor, comprising General Hygiene with particular reference to infants and young children, together with demonstrations and practice in the management of infants. At the conclusion of the course a test paper was set and most of the girls attained a satisfactory standard.

In my opinion this is a branch of the school work which might, with advantage, be developed if only the Health Visitors had the necessary time. The Head Teachers do not appear to realise that such teaching can be given by the Health Visitors.

It appears to me that such knowledge, acquired during the receptive school period of a girl's life, is more likely to be retained, since the instruction is received by the mind of the pupil before she has had the opportunity

of forming fixed opinions of her own from other sources, opinions which are often erroneous.

The difficulty in teaching adults at the Welfare Centres is that the mothers have their minds occupied with many other matters, and to a certain extent have lost the ability to concentrate on a lecture or talk ; also the majority have formed definite opinions of their own as to how things should be done. The difficulty in all public health instruction and propaganda is that methods and procedures which are looked upon as totally wrong technically often not only do not produce the supposed ill effects, but appear to give in many cases good results where they are put into practice.

## 6. Following Up.

As in previous years, full use has been made of the services of the School Nurses in this invaluable and most responsible work, and they are able to call on the assistance of the District Nurse Midwives, when necessary.

The School Nurse's duty entails continual visits to homes and schools to see parents and child, and this following up is persisted in until the condition from which the child suffers is ameliorated or cured.

In connection with this work during the year, 38,511 visits to homes were made by the School Nurses and 8,682 visits by the District Nurse Midwives.

## 7. Medical Treatment.

### (a) *Minor Ailment Clinics.*

The Committee's policy of continuing the provision of Combined Treatment Centres has continued, but there has been a little delay in our expectations, and it was not possible to open any new Centres during the year.

Early in 1937, however, new premises were provided for the Epping Clinic. As intimated in last year's report, it is hoped that new Centres will shortly be established at Rainham, Burnham-on-Crouch, Rayleigh, Vange and Braintree.

At the 31 Minor Ailment Clinics in the County, 25,349 individual children have attended, making a total of 68,108 attendances, which is a 50 per cent. increase on the previous year's attendances.

### (b) *Treatment of Tonsils and Adenoids.*

Table IV, Group III, shows that 3,982 children were treated for these conditions, including 1,490 who received operative treatment, a decrease of 247 on the previous year. There was, however, an increase of 1,532 receiving other forms of treatment. Pressure on Hospital accommodation in the last quarter of the year has caused some delay in operative treatment being obtained.

(c) *Tuberculosis.*

As mentioned in previous reports, the services of the County Tuberculosis Staff are available for consultation in the case of any child suspected to be suffering from Tuberculosis and treatment is readily available at the County Sanatoria.

During 1936, 222 children (boys 137, girls 85) from the County Education Area received the necessary Sanatorium treatment, viz. :—

	Boys.		Girls.		Totals.
Pulmonary conditions ..	12	..	7	..	19
Non-Pulmonary conditions ..	108	..	62	..	170
Observation ..	17	..	16	..	33
	137	..	85	..	222

(d) *Skin Diseases.*

Impetigo, as is usual, heads the list of these conditions, 3,065 receiving treatment, a decrease of 381 on the figure for 1935. 320 cases of scabies, 101 less than the previous year, also received treatment.

There was a large increase in the number of cases of Ringworm, viz :—297 cases of Ringworm of the body, and 270 of the scalp receiving treatment, an increase of 178 and 215 respectively. 22 of the scalp cases received X-Ray treatment, as against 12 in 1935.

Most of the Ringworm cases occurred during the early part of the year amongst the children attending the Tilbury schools, and the following is a copy of a report by the local School Medical Inspector :—

“ For some months there had been cases of Ringworm, both of the body and scalp, in attendance at the Clinic and early in February the number of patients was on the increase. Cases were occurring among children from three large schools and it appeared desirable to institute a search for carriers. As it is accepted that carriers can be detected by the Wood's Lamp among children showing no abnormality of the scalp to ordinary examination, it was decided to ask for apparatus for temporary use. Actually, during the next few weeks, while arrangements were being made there was a definite drop in new cases. The lamp was used on a number of occasions at the ordinary School Clinic and, at special sessions held there, children under treatment and all suspects were examined.

This procedure was of assistance in making a definite diagnosis in three cases, but no cases of “ single hair ” infection were detected.

It was then decided to examine all children in attendance at the Roman Catholic School as the majority of recent new cases were among these children. In two sessions approximately 360 children were exam-



ined and among these five cases were found to appear suspicious when irradiated. Specimens of hair, however, did not show any evidence of infection.

When dealing with a large number of children at the school a difficulty was encountered. For satisfactory examination it is essential that there should be no greasy applications or ointment on the scalp. Among the boys in particular a large proportion had dressed the hair with "brilliantine" or one of its substitutes and this made it impossible to detect any suspicious patches. Instructions had been given to parents of all children seen at the Clinic that the head should be thoroughly washed with soap and no ointment applied and in these cases the procedure was found much more satisfactory.

It would seem that the value of the Wood's Lamp for the examination of a large number of children at one session in a school is doubtful.

It was not possible to retain the lamp for a long enough period to follow up the known cases. This was unfortunate as there is no doubt that the method is of great value in checking the result of treatment and in deciding when cure is completed.

The lamp provided was of a very convenient pattern, being fairly easily portable and being supplied with plugs to suit any standard electrical fitment. In the particular model it was not easy to establish the arc and on several occasions this resulted in much time being wasted."

2,920 other skin conditions received treatment.

(e) *External Eye Diseases.*

1,569 children received treatment for these conditions, 1,486 being treated under the County Scheme.

(f) *Vision.*

Table IV, Group II, indicates that 7,104 children received treatment and 6,890 of these were treated under the facilities provided by the Committee.

Glasses were prescribed for 4,976 children, and 4,227 are reported as having obtained these, 4,121 being dealt with under the Committee's scheme.

There has been no alteration in the scheme for the provision of glasses whereby the parents pay the cost wherever possible.

It is to be regretted that on the 31st August, 1936, the Committee lost the services of Mr. G. J. Ahern as Ophthalmic Specialist, and his successor is unable to take up duty until 1st March, 1937. In the interim the work has continued with the valuable services of Mr. T. C. Collyer Summers, F.R.C.S., and the employment on a sessional basis of two part-time Ophthalmologists as and when required.



Specialist service has thus continued to be available as required for the examination of cases under the three headings, Pre-School Child, School Child and Blind Persons.

(g) *Minor Ear Defects.*

Table IV, Group I, shows that 2,116 received treatment for these conditions, 2,043 being treated under the Committee's Scheme.

The Scheme under which the services of the Specialist, Mr. C. Hamblen Thomas, F.R.C.S., are available, was continued, and his services were very helpful, 16 sessions being held, at which 401 children were examined during the year as follows :—

Braintree (4), Chelmsford (4), Maldon (2), Chingford (1), Colchester (1), Dagenham (1), Grays (1), Halstead (1), and Tilbury (1).

The following is a summary of the conditions found in these children :—

Chronic otitis media and otorrhoea	..	..	240
Deaf or partial deafness	..	..	3
Defective hearing caused by :—			
Adenoids and enlarged tonsils	..	..	18
Eustachian blockage	..	..	36
Chronic rhinitis and nasal blockage	..	..	54
Perforation of drum with otorrhoea	..	..	13
Polypus	..	..	1
Laryngitis	..	..	2
Wax blocking external auditory meatus	..	..	12
Severe otosclerosis	..	..	1
Deflected septum	..	..	9
Epistaxis	..	..	3
Frontal sinusitis	..	..	1
Right mastoid disease	..	..	2
Speech indistinct	..	..	6
			<hr/>
			401
			<hr/>

The following treatment was advised :—

Removal of tonsils and adenoids	..	..	142
Removal of tonsils and adenoids with treatment by			
syringing ears and insufflation	..	..	34
Local treatment only, as above	..	..	180
Politzeration	..	..	17
Local treatment for rhinitis, &c.	..	..	2
Operative treatment for mastoid and middle ear disease			1
Psychological investigation	..	..	1

Deaf School .. .. .	2
Operative treatment for polypus .. .	2
Referred to Hospital for examination .. .	1
Referred to Hospital for X-Ray examination .. .	4
Recommended for Convalescent treatment .. .	2
No treatment recommended .. .	13
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From inquiries made and reports received, the following results were ascertained :—

Satisfactory .. .. .	49
Cured .. .. .	27
Improved—but still under treatment .. .	62
Still under treatment .. .	55
Admitted to Special School .. .	2
Admitted to Convalescent School .. .	3
Awaiting removal of tonsils and adenoids .. .	36
Tonsils and Adenoids removed .. .	36
Tonsils and adenoids removed but still under treatment	23
Not improved by treatment .. .	8
No treatment in meantime—for re-examination .. .	30
Under treatment by own Doctor .. .	27
Left school or district .. .	29
Refused treatment .. .	13
Refused Special School .. .	1
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Further, the Committee have carefully considered the question of defective hearing and, in order that active steps should be taken towards the detection of early deafness, have now decided to purchase an Audiometer with sufficient apparatus to test 40 pupils at a time.

#### (h) *Dental Treatment.*

As forecast in last year's report the full-time Dental Staff was increased by three Dental Surgeons and a similar number of Dental Attendants, making a total staff of 10 of each. Unfortunately, however, the full service of this staff was not available until well on in the year.

The Committee has agreed to increase the full-time staff by five Dental Surgeons and five Dental Attendants in the coming financial year. This would appear to be a very large increase of staff, but, when it is remembered that the Dental Scheme has been lagging behind the other School Medical Services, the need for this increase will be apparent to all as having educated a large number

of parents that dental treatment is necessary. It now behoves the Committee to so provide that there shall not be any undue delay in treatment being provided for all who need it.

The scheme for inspection and treatment of the elementary scholars has proceeded as for 1935, with the addition that a warning note has been included in the notice to parents offering treatment to the effect that refusal to accept treatment may prevent their child participating in the school dental scheme in the future.

Increase of staff has necessitated increase in Treatment Centres ; thus in the Dagenham area two Centres purely for dental treatment have been arranged in connection with the elementary schools and children from secondary schools also attend at these Centres.

The fee for a full course of treatment for the elementary school child has been reduced to one shilling and sixpence throughout the County Education Area.

Table V shows the figures in detail of the work carried out in 1936.

There were 3,716 half-day sessions given to this work, an increase of 1,173 sessions on the previous year. 506 sessions were devoted to inspections and 3,210 sessions to treatment, an increase of 127 inspection and 854 treatment sessions on the figures for 1935.

Inspections were made of 56,418 children. Of these, 37,640 or 67 per cent. were recommended for treatment. 18,934 children (*i.e.*, only 50 per cent. of these recommended for treatment) actually received treatment and 29,562 attendances were made.

N<sub>2</sub>O or other general anæsthetic was given in 13,826 cases. Treatment figures show that 6,527 teeth of the permanent set were removed and 23,815 of the temporary type, whilst 14,285 permanent and 4,198 temporary teeth were filled. These figures again show improvement in the general benefit to the scholars, as 7,758 more permanent teeth were filled than extracted, *i.e.*, a proportion of two teeth filled to one extracted ; it was not so long since when the comparative figures in this work were reversed.

The following is a report of Mr. S. K. Donaldson, Senior Dental Surgeon, on the year's work :—

*Staff.* Reviewing the work of the staff in the year 1936, it is with pleasure that I report the continuance of the Committee's policy in building up a progressive and more efficient full-time service.

This policy is steadily receiving its due reward in increase in the number of (a) Officers available to provide treatment, (b) children accepting treatment and (c) children treated.

These acceptances can only mean increase in confidence in the dental staff, and in creating for a number of children a more healthy outlook in



life, followed by greater ability to derive full benefit from the education offered.

During the year the staff was strengthened by the addition of three full-time officers with attendants. Their services unfortunately were, however, not available until the latter half of the year.

It is proposed to increase the staff by five more full-time officers and attendants in 1937. This will enable reorganization of the areas with consequently more regular following up for inspections and treatment, and the further elimination of part-time service.

It is hoped that this additional service will be available earlier in the year.

*General Scheme.* The general scheme of inspections and treatment of elementary schools is similar to that of previous years and a warning notice is now included in Form M.I.46 (offer of treatment) advising parents that failure to accept treatment may preclude them from any future opportunity of treatment. It is hoped that this warning will avoid the necessity of bringing such exclusion from treatment into operation. Last year I stated that Dentistry, to be of real value to the patient and to the Authority making provision for treatment, must be more than relief of pain and the removal of decayed and septic teeth. It must have for its aim complete treatment.

This is the aim of all Dental Officers but, unfortunately, a certain section of parents still continue to refuse this complete treatment, and evade it by desiring to have extractions performed only. It is the policy of the Officers in dealing with such patients when both types of treatment are necessary to perform the fillings before the extractions. It is, however, not always possible to work on these lines, the child may suffer from toothache, or the mouth may be in such an unhealthy state that extractions have to be performed to ensure that the work is completed under aseptic conditions.

Many methods are tried to increase the number of acceptances of complete treatment, and there is no doubt that slowly but surely resistance to such treatment is being overcome.

*Dental Demonstrations.* The Committee have availed themselves of the offer of the Dental Board to give demonstrations. One week was devoted to this during January, 1936, in Waltham Abbey, Woodford and Chingford, and another week during November, 1936, in Dagenham. Approximately 1,500 and 1,859 children, respectively, attended the demonstrations, which were simple talks with exhibits to explain them. The



demonstrations were well received by the children. I am of opinion that these talks are of undoubted value in promoting a teeth consciousness in children, but I think much of the advantage gained will be lost unless steps are taken to press home the attack. By this I mean continuance of lectures by the Dental Officers who are to carry out the treatment. Talks in very simple language, readily understandable and interesting, should be given to the children in school before or after inspections. By doing this, it should be possible to awake their "teeth conscience" and the distribution of the pamphlet "The Story of the Tooth," generously supplied by the Dental Board and issued to children of ten years and over, should suitably sum it up. Talks to parents at any gathering are most useful, and in many instances always welcomed by the organiser of such functions.

*Dental Inspections and Treatment.* Detail of the work carried out in 1936, is given in Table V on page 54, but I think it would be interesting to comment on the salient points of the Table and compare them with the figures for the year 1935.

Inspections (55,612) show an increase of 12,365, and specials (806), a decrease of 82, due to more efficient inspections being made possible by a larger staff. Of the total number inspected, 37,640, or 67.68 per cent., were found to require treatment. This is a very slight reduction on last year's figures, just enough to show that dentistry is not standing still. One must, however, take into consideration that, as it becomes possible to inspect more age groups, a very large number of cases coming into the scheme for the first time must require treatment, and that of an extensive nature, as the following figures will show. During the year 1934, or 50.30 per cent., of the cases recommended were treated, a decrease of fully 8 per cent. of the gross total. This, at first glance, appears extremely disappointing, but is readily accounted for by the explanation that conditions found in the new age groups and in cases who had previously refused treatment, are still extremely bad, with the result that a very large amount of treatment is required to render the children dentally fit. This can readily be seen from the fact that 29,562 attendances were made for treatment and 18,483 fillings were completed, as against 10,388 in 1935.

This increase is also particularly gratifying to note, especially when examined in conjunction with extractions at 30,342, a decrease of 10,940, and demonstrates the extra time made possible for conservative work. The increase of 8,095 fillings is not only a triumph in figures, but its significance is that it refers to children made dentally fit by complete treatment. This increase in fillings and decrease in permanent extractions demonstrate not only the sterling work of the staff in performing surgery, but also their patience and unremitting propaganda in educating the public to receive complete dental treatment.

There is, unfortunately, still a very high incidence of dental caries in the County, as will be seen from the figures already quoted but, given time and opportunity, I am sure, from the early accomplishments of our full-time service, that the percentage of dental caries will gradually be reduced.

Secondary school children are now eligible for treatment. The response to treatment has shewn that it is appreciated, and I am sure it is much needed in many cases from a financial point of view. It is very essential to be able to continue the treatment of those who previously received treatment in the elementary schools, and more particularly so because the secondary school age is in many cases a very critical period in the dental life of pupils, as will be gathered from my further remarks.

*Dental Treatment of Young Persons.* A great deal is written in the press at present of the desire on the part of the Government for National Fitness and the forecast of schemes for securing this. Much is also said of the failure of candidates to pass the medical examination for admission to H.M. Forces. I do not think it is too much to say that in many cases where the dentition is not the primary cause of rejection, bad teeth are a contributory cause of the poor physique which makes many candidates unsuccessful. Furthermore, there can be no reason to doubt that Insurance Companies are alive to the economy of dental benefits. Remembering this, I cannot help thinking of the waste of effort that takes place each year as children leave school after having faithfully availed themselves of dental treatment and been made dentally fit.

When we remember that the school dental service is primarily for those whose financial circumstances make it impossible to obtain full treatment otherwise, it follows that treatment is not likely to be continued unless some further assistance is forthcoming. Unfortunately, under present conditions, a child who leaves school does not qualify for dental benefit under the National Health Insurance Regulations until the age of 18 years at the earliest. It seems a tremendous waste of time and money to make children dentally fit during school life, and then allow them to become unfit after leaving school, until help can be obtained under the National Health Insurance. I feel it would perhaps serve some useful purpose if Authorities could unite to demonstrate to the Government the good, to say nothing of the economy, that would result from a scheme to cover this population, and so conserve the valuable start that has been made in securing fitness.

*Malnutrition of Teeth.* Complete treatment of the elementary school population in Essex is a huge task and, whilst Dental Officers are willing and anxious to undertake this task, I think at the same time other avenues of approach should be explored with a view to attacking "Giant Decay" from another angle.

Many theories have been put forward for the causation of decay of the teeth. The Chemico Parasitic Theory is reasonable, but in my mind there is little doubt that this as a causation can only be true after what I will describe as the primary cause, viz : Malnutrition. I have no wish for this to be construed in its literal sense, but rather to be regarded as Malnutrition from a dental point of view. The growth of teeth commences as a soft tissue right from the earliest days of pregnancy. During that period they are rendered hard by a deposition of lime salts and, of course, lime and nourishment generally must be supplied by the Mother either from the food she takes or, if this is deficient, from her own bones and teeth. I would suggest that we should go a long way to lighten our burden if our work were to commence among these mothers.

*Treatment under Maternity and Child Welfare Scheme.* Under the County Maternity and Child Welfare Scheme, mothers can receive dental care and, although it is only a very small effort in comparison to the needs of the County, I think the arrangement is already proving its worth. In treating these mothers we are also benefiting the children in many ways.

Medical supervision of expectant and nursing mothers seems rather futile without dental care.

It is the duty of the Dental Officer, when given the opportunity, to advise a diet which may ensure properly calcified teeth.

Next he must treat all dental defects in the Mothers, including the fitting of dentures when necessary. This care will serve in a dual capacity, since it improves her general health, which improvement is communicated to her baby in development.

Imagine then a mother with a more healthy outlook in life and her appearance improved by the replacement of unsightly decayed teeth by dentures fitted. It is reasonable to assume that she, from personal experience, will have gained confidence in what dental treatment can do, and does it not follow that she will be stimulated to seek dental protection for her children at the hands of the School Dental Officer ?

This will then give us the opportunity to give complete treatment and remove most of the silly prejudices which are really due to lack of education in dental matters.

Toddlers' clinics have been commenced in some parts of the County, and cases are referred to the Dental Officer for examinations and possible treatment. In my opinion, more advantage should be taken of these in the near future, since here again the early experience of children often determines their reaction to future treatment, as it will be readily recognised that treatment at an early stage before dental decay is extensive is possible with little discomfort or upset to the child. The



teeth saved will preserve the proper spacing in the arch. This is vital at the present day when our civilization provides food which does not require vigorous chewing; the jaws are consequently becoming smaller and crowding more common. In my own short experience as a Dental Surgeon, I have seen ample evidence that the jaws are becoming smaller and, judging from the increasing number of cases of impacted molars, the time is not far distant when the third molar or wisdom tooth may cease to erupt.

*Talks.* Several talks have been given by the staff at Health Exhibitions during the year, the children being addressed in the morning session, and the mothers in the afternoon. These, and particularly the latter, are valuable sources of propaganda, bringing the dental staff into contact with the mothers and giving them an opportunity to render advice. This opportunity to advertise the activities of the school dental service plays a dual role.

*Orthodontics.* Some of the Dental Officers are of opinion that orthodontics should play a larger part in the school dental service. At present, the parents of children with gross irregularities of the teeth which cannot be remedied by extraction are advised to attend the London Hospitals at their own expense. When appliances are fitted, the Dental Officer may make adjustments at his Clinics, and so relieve the parents of the expense of weekly journeys to hospital.

Whilst I am in favour of regulation work, I hardly think the time is ripe for its inclusion as a routine treatment. There is yet still too much to be done to render the school population dentally fit, and the staff is as yet inadequate to serve every district regularly. Thus the adjustments of appliances would be irregular and consequently defeat the object of the steady movement desired.

Again, the time necessary to attend to these cases would seriously curtail the time available for regular work, and another factor is the necessity of keeping the appliances clean, which would not be possible with irregular attendances. I suggest that our opportunity to introduce this work will be indicated when there is a substantial drop in the number of sessions necessary for anæsthetic clinics. Nevertheless, we should still continue to relieve crowding by judicious extractions and advise all those simple little methods that can be practised by the patient at home.

*Accommodation.* During the year, new clinics became available for dental work. All Officers are enthusiastic in the praise of the improved facilities in these dental rooms where comfort and working facilities are as they should be. Suitability of premises plays a very important part in the production of good work. Under conditions found in the new Treatment Centres the acceptances of treatment are improving due in no small measure to the confidence instilled in parents and children alike

in premises which are in keeping with the work undertaken. Factors which increase the usefulness of the clinics are proper insulation against sound, and certain clinics have been altered to provide this with good results, and the suitable placing and designing of the windows to provide the best light.

Considerable difficulty has been experienced in the past in securing suitable clinic accommodation in the populous areas of Dagenham and Romford. This is most unfortunate, since there are always plenty of cases to treat wherever we have the staff and premises. During 1936, disused buildings at Dagenham Five Elms and Arnold Road schools have been adapted and make really splendid clinics. It is hoped that similar accommodation may be found at strategic points in these areas to accommodate the contemplated increase in staff.

*Dental Van.* It has been decided to purchase a dental trailer van, and it is hoped to have this in commission early in 1937. This is intended for use in the Rural Area in the Northern and North-Western part of the County, where the schools are small and the difficulty of securing suitable accommodation is considerable.

It may best be described as a surgery on wheels, making treatment possible under aseptic conditions with facilities for the comfort of patient and operator alike, and consequently an increase in the out-put by the latter should be possible.

*Conferences of School Medical Inspectors and Dental Officers.* Conferences of School Medical Inspectors and Dental Officers have been held at the County Hall, the object being to bring both the services together to discuss all aspects of the work, to clear up any points which may cause difficulties or retard smooth working, and also to give the Officers some idea of the organisation of the various departments at Head-quarters, thereby stimulating a desire to simplify and send in all returns promptly. The Conferences have been most helpful and, strangely enough, the same points have been raised each time, of which two must be given prominence, viz :—(i) the relationship of School Medical Inspection to Dentistry in the issue of Form M.I.46 (offer of dental treatment) and (ii) the refusal of complete treatment by parents. The second point has already been mentioned in this report, but no harm can be done by again saying it is necessary to adopt measures which will defeat this. The first point was commented on in my report for 1935, and steps are being taken to obviate any existing difficulties. At the same time, it must be remembered that, until a complete full-time staff is working, septic teeth must always receive a measure of attention by the School Medical Inspectors. It is a fact, however, that as long as gross decay and sepsis and the compelling influence of toothache can be referred from Medical Inspections for treatment, despite a previous offer of complete treatment as the result of Dental Inspection, complete systematic treatment will long be retarded.

School Medical Inspectors now arrange to refer cases to the Dental Officer for advice and the Dental Officer has the opportunity of tracing the previous history of the case and offering the treatment necessary if deserving. By this method, overloading at organised clinics is prevented.

It has also been possible at these Conferences for Dental Officers to exchange views on various matters of a technical character to the advantage of all, and at the same time I have been able to outline the general principles of the scheme with a view to all working on similar lines.

*Stained and Mottled Teeth.* These are usually described as an affliction of the Maldon Area but, as I indicated last year, this defect occurs in many other districts in the County, particularly so in the Rochford Area.

Throughout the year, wherever possible, I have given attention to this. It is only fair to say, however, that the fringe only of this investigation has been touched. Our primary object is treatment and Maldon teeth, as they are commonly termed, is a subject on which one would like to spend more time than one is at liberty to give. It has been suggested that excess of Fluorides in the water of these Areas is a causative agent, but this was rather upset by an examination of the water in the Rochford Area, where it will be remembered the evidence of staining and pitting was divided into two districts, being marked in one and absent in the other. Analysis of the water showed the Fluorides present in the latter but not in the former. This will receive further investigation.

Very little more has been discovered except proof that a child born outside the affected area and coming into the district during the age of calcification of the teeth invariably shows the staining in some of the teeth at a level indicative of that age, whilst others born in the district and leaving, say, during the first year are immune except for the crowns of the six years old molars and perhaps the tips of the central incisors.

I have noticed that these teeth appear more resistant to decay and in the majority of cases when attacked decay is of an extremely dry type. This very often is misleading and leaves one in doubt at times as to the treatment necessary. The teeth respond well to treatment and repair is lasting. I have also noticed that the incidence of decay in the Maldon area is not so high as in many other areas in the County. Perhaps an explanation is the willingness of parents to accept treatment, but I am still convinced that these teeth are not so prone to decay. This disfiguring condition of teeth, particularly in the incisors of girls, makes me feel that there will always be denture work for dentists until the cause can be found and steps taken to eliminate it. The condition interests me greatly and I am always on the look-out for anything that may give some exact indication of the cause.



*Other County Dental Services.* As in past years, the other services have been cared for; these include Maternity and Child Welfare, Tuberculosis and Public Assistance. This work is usually undertaken on Saturday mornings, holidays and on occasions when it is not possible to hold school clinics. The economy in thus being able to utilise the services of the full-time staff for this work is of undoubted value to the ratepayers to say nothing of the advantage to the patients. The Maternity and Child Welfare work, as I have said before, stimulates and incidentally benefits the Officers by varying their work. Tuberculosis work is extremely interesting and it is with no small measure of pride that a Dental Officer can see the improvement in patients whose systematic treatment has been advanced by the ground being prepared as the result of dental treatment. This work is growing each year and its importance to the patients and its bearing on other work leads me to the opinion that before long any extension of the time permitted for this work will be extremely welcome.

Throughout the year it has been my duty to scrutinize estimates for dental treatment provided for Public Assistance patients.

By this scrutiny any inaccuracies have been noted and corrected and a watch kept over this growing work. I have also on occasions been able to act as mediator between patient and dentist in case of disagreements to the satisfaction of all concerned.

*General.* I make no apology for the increased length of this report, as I consider it my duty to set out not only a record of the work, but also to analyse the figures and explain thoroughly the many aspects of the work and inferences to be drawn therefrom. Dentistry in this County is growing year by year and must still go on growing if full return has to be derived from the financial expenditure; and what higher dividend can be paid than the increased health of the Children? It is my sincere wish that all concerned may be stimulated in their interest and enthusiasm in dental treatment, and I extend my thanks to the staff for their good work.

#### (i) *Crippling Defects.*

Paragraph 7 (c) refers to numbers receiving Sanatorium treatment. For Non-pulmonary tuberculosis 63 children were at Residential Schools.

The Dagenham Heathway Special Day School for the physically defective, including crippling conditions, has again rendered great help. This school, which also has a section for the mentally defective, is in the process of enlargement and is of the utmost service as it provides suitable education near the children's homes and the children are passed back to ordinary schools on becoming physically fit.

There are in attendance 85 pupils (Boys 33, Girls 52).

The orthopædic scheme has continued to provide the necessary treatment and after-care. The after-care is carried out by four orthopædic masseuses at the various centres, three being full-time and one part-time in conjunction with the British Red Cross. After-treatment Centres number 16.

Mr. B. Whitchurch Howell, F.R.C.S., continues as Consulting Orthopædic Surgeon for all County Orthopædic work.

The work carried out during 1936 is summarised as follows :—

A total of 69 ascertainment clinics were held. At these all new cases were seen by the Surgeon together with re-examinations of cases already on the register, the examination of splints and appliances provided, and recommendations made in regard to future treatment.

The Clinics were held at Dagenham 11, Grays and Tilbury 10, Woodford 8, Romford 6, Brentwood and Harwich 4 each, Braintree, Chelmsford, Clacton, Colchester, Halstead and Maldon 3 each, Epping, Saffron Walden, South Benfleet and Stansted 2 each.

A total number of 1,428 children (boys 714, girls 714) of school age attending, 210 boys and 212 girls being new cases, and 504 boys and 502 girls re-examinations.

The following is a summary of the conditions found :—

Congenital defects, club foot, &c.	..	..	220
Infantile Paralysis and after effects	..	..	132
Spinal curvature, &c.	..	..	128
Paralysis (Hemiplegia, &c.)	..	..	75
Cleft palate, including hare lip	..	..	8
Other deformities, &c., including injuries, &c.	..	..	865
			<hr/>
			1,428
			<hr/>

A short summary of the history of the cases and advice given is as follows :—

With history of having already had hospital treatment	..	..	..	298
To continue present form of treatment	..	..	..	190
Advised admission to hospital	..	..	..	43
Advised apparatus or modified boots	..	..	..	283
Advised massage or exercises, &c.	..	..	..	86
Advised observation	..	..	..	605
No treatment required	..	..	..	33
Discharged cured	..	..	..	188
				<hr/>
				1,428
				<hr/>

In addition to the number of school children seen and set out above 368 children (boys 187, girls 181) of pre-school age were examined under the County Child Welfare Scheme and 341 under Local Autonomous Child Welfare Authorities participating in the scheme, making a total of 2,071 individual children examined.

Treatment at various hospitals has continued and in this connection 77 children (boys 39, girls 38) completed a course of treatment, whilst 18 (boys 9, girls 9) were still in hospital at the end of the year.

It may be noted here that the Brookfield Orthopædic Hospital, (30 beds) was taken over by the Essex County Council on the 1st December, 1936. This hospital has done very good work in the scheme in the past and it is hoped will prove no less efficient under the new management.

At the end of the year there were 9 children on the Orthopædic list awaiting hospital treatment as compared to 36 for 1935 and 41 for 1934.

It would appear that there is at the moment not so great a demand for hospital beds in connection with the Scheme. Nevertheless, the Committee have considered it advisable to budget for the possible occupation of 35 beds for the financial year, 1937-38.

After treatment Centres have continued to carry out an enormous amount of work and in this way do curtail the length of stay in hospital and provide a valuable and necessary link in the Orthopædic Scheme.

A short summary of the treatment carried out at the after-treatment centres, together with the number treated, are set out in the following table. These figures include both school and pre-school child but not attendances made by the pre-school child from Autonomous Child Welfare Authorities who participate in the arrangements, at the centres marked\*.

Centre.	No. of Sessions.	No. of Attendances.		No. of Patients Treated.		Form of Treatment.			
		Child Welfare.	Educational.	Child Welfare.	Educational.	Massage.	Exercises.	Electrical.	Supervision.
Braintree .. ..	47½	146	186	68	110	2	24	—	152
Brentwood .. ..	83	86	531	41	168	13	88	—	115
Chingford .. ..	122	255	881	92	269	10	152	1	204
*Clacton .. ..	32	15	109	12	59	—	9	—	56
*Colchester .. ..	52	64	82	13	47	—	7	—	57
*Dagenham .. ..	176	—	905	—	366	3	58	1	306
Epping .. ..	145	6	326	2	38	3	36	—	1
*Grays .. ..	114	12	715	5	237	—	52	—	190
Hornchurch .. ..	94	296	964	91	335	24	212	—	223
Laindon .. ..	22	27	84	16	53	—	11	—	58
Maldon .. ..	28½	78	144	57	89	—	9	—	136
Rochford .. .. (opened 12-5-36)	8	9	55	6	55	—	3	—	58
*Romford .. ..	128	49	1188	11	406	28	227	—	175
South Benfleet ..	48	34	262	27	115	—	28	—	116
*Tilbury .. ..	45	—	252	—	92	—	36	—	80
*Woodford .. ..	145	79	1322	9	139	16	132	5	6



(j) *Speech Defects.*

It is well known that Speech Defects in children are a serious handicap during school life and the more serious forms also in obtaining and retaining employment.

It is estimated that somewhat under 2 per cent. of children in the schools suffer from Speech Defect, and in all probability some 50 per cent. or more of these are what is known as stammerers. This form of defect is mainly a nervous condition which with proper treatment under a Speech Therapist can usually be remedied.

In order to ascertain the extent of this defect in Essex children, a summary of the children in the populous areas of Dagenham and Romford was made with the following results :—

No. Examined.	No. of Stammerers.				No. of other Defects.		
	Boys.	Girls.	Total.		Boys.	Girls.	Total.
345	.. 109	28	137	..	129	79	208*

\*Including two recommended admission to Special School for the Deaf.

This is receiving the attention of the Education Committee.

(k) *Uncleanliness.*

Table VI shows that the School Nurses made 357,209 examinations and 4,209 children were classed as unclean. An average of five visits per school was made and children found unsatisfactory followed up by visits to the home until the condition was satisfactory. The percentage of uncleanliness (4 per cent.) is far too high, but has been raised by particular difficulties experienced in a few schools. Steps were taken to remedy this condition of neglect.

29 children were cleansed under arrangements made by the Education Authority. Legal proceedings were taken against the parents in 29 cases under the Education Act and three cases under the Attendance Bye-laws.

Particulars of children attending the Grays and Tilbury Baths are as follows :—

				No. of Attendances.	
Grays	..	..	..	..	324
Tilbury	..	..	..	..	9,672
Total			..	..	9,996

The figures show that these baths continue to render a useful and beneficial service to the areas.

8. *Infectious Diseases.*

The Committee's practice of exclusion of actual or suspected cases of infectious illness and contacts rather than school closure has continued. Closure was, however, approved in the case of five schools, four by the Local Sanitary Authority and one with the approval of the School Medical Officer, the diseases causing closure being Scarlet Fever 3, Measles 1, and Diphtheria 1.

Certificates were issued for 120 schools under paragraph 15 (ii) of the Board of Education Administrative Memorandum No. 51 in respect of reduced attendance due to the following infectious diseases :—

Measles 49, Whooping cough 26, Influenza 16, Chickenpox 11, Mumps 9, Scarlet fever 6, and Diphtheria 3.

Again I am pleased to record that there were no exclusions for small-pox.

The School Medical and Nursing Staffs have assisted the Local Sanitary Authorities in certain areas with the immunisation of children against diphtheria.

## 9. Open-Air Education.

### (a) *Open-Air Classes.*

As in previous years every opportunity is afforded of holding classes in play-fields, and play-grounds.

No additional Open Air Class Rooms have been added. See paragraph 13 for Open-air Schools.

### (b) *School Journeys.*

Many of the schools have continued the desirable practice of organising educational visits to places of interest, and school journeys extending over periods of fairly long duration have frequently been arranged. There is abundant evidence that the scholars are keenly interested in these school journeys and that very much trouble is taken by the teachers to make the journeys educationally of real value to them.

### (c) *School Camps.*

Educational—Nil recorded.

The Public Assistance Committee again organised a successful Camp at Tendring in August for children from the Children's Homes, and 395 children attended.

## 10. Physical Training.

The Director of Education has kindly supplied the following information :—

In the year under review the work of Physical Training in the schools under the Committee's control has been fully maintained and in some directions extended. The specialist staff engaged in supervision and instruction of teachers includes Miss F. A. Morgan, Physical Training Instructress at the Saffron Walden Training College, Miss M. K. Collman, Physical Training Instructress at the Clacton County High School, Miss S. L. Perkins, Physical Training Instructress at the Romford County

High School for Girls, and Miss E. M. Jones, Physical Training Instructress at the Braintree County High School for Girls. Each Instructress takes part in the education of teachers on the lines of the Board of Education Syllabus and frequent conferences are held with them and the Committee's officers to discuss any questions of difficulty which may arise in the course of their visitation of schools.

The following is a list of the courses providing further instruction for teachers held during 1936 :—

			No. of Enrolments.
Brentwood County High School	.. Spring, 1936	..	40
Dagenham Parsloes C. (G.) School	.. Do.	..	40
Colchester East Ward Senior School (Men)	.. Do.	..	12
Epping C. (I.) School	.. Do.	..	40
Do.	.. Do.	..	21
Colchester North-East Essex Technical College (School Games)	.. Summer, 1936	..	48
Do.	.. Do.	..	31
Chelmsford County High School	.. Do.	..	62
Romford Heath Park (S.G.) School	.. Do.	..	47
Woodford Churchfields C. School	.. Do.	..	49
Dagenham Parsloes (S.G.) School	.. Do.	..	29
Grays Bridge Road Senior School	.. Autumn, 1936	..	36
Do.	.. Do.	..	50
Dagenham Triptons (S.G.) School	.. Do.	..	52
Do.	.. Do.	..	54
Colchester North-East Essex Technical College (Women)	.. Do.	..	42
Braintree County High School	.. Do.	..	21
Do.	.. Do.	..	20
Colchester North-East Essex Technical College (Men)	.. Do.	..	18



			No. of Enrolments.
Woodford Churchfields C. . .	Autumn, 1936	..	25
School			
Dagenham Marley (S.B.) ..	Do.	..	22
School (Men)			

The intensive instruction provided by these Courses has been followed up by regular and constant visitation to the Elementary Schools in the Committee's area by the Instructresses concerned, Miss Morgan and Miss Collman each giving three days a week to this important work and Miss Perkins two-and-a-half days and Miss Jones two days. During their visits to the schools, not only is advice given, but a good deal of the time is spent in actual class teaching to demonstrate to the teachers the proper carrying out of the Board of Education Syllabus. There is no doubt that the services of these part-time Instructresses are much appreciated, and that their work as a whole is producing a very beneficial effect in the schools.

The Committee have made special grants in two cases for specialist teachers from Senior Schools to take Courses of Physical Training at the Loughborough Training College, and the Carnegie Training College, Leeds, respectively.

It will be seen that the year has been a busy one in the instruction provided for teachers and this will no doubt result in benefit to the children.

In view of the Government's proposals for further physical training after school life, it is essential that the school child shall be constantly and correctly instructed whilst at school to develop a keenness for this and other healthy exercises.

The Committee have also carefully considered the provision of suitable gymnastic garments and footwear for those who cannot provide them for themselves. It is essential for the full benefit from exercises that the child should be properly dressed. It must, however, be carefully watched in regard to footwear that the gym shoe is worn only for games and exercises and not as a general footwear throughout the day.

## 11. Provision of Meals.

The Committee has continued to institute enquiries as to the necessity for the provision of meals in various areas, more particularly in some of the Rural parts of the County, whilst the schemes already in existence in the more populous areas have been continued.

A Summary of the provisions in use during 1936 is as follows :—

(1) *Meals consisting of a mid-day meal :—*

- (a) *Dagenham Area.* Arrangements have continued under the supervision of the Care Committee at four centres and 93,850 meals have been provided.
- (b) *Romford Area.* The two centres at Billet Lane and Willow Street have continued.
- (c) *Thurrock Area.* At Tilbury the feeding of children was continued with milk in lieu of meals in the summer months.
- (d) *Other Areas.* Arrangements are made whereby mid-day meals are served in many of the Senior Schools. These facilities are also available and largely partaken of in a few Junior Schools.

In other schools, arrangements are available for the issue of hot drinks to be taken with the ration meal brought from the home.

A School Medical Inspector for Dagenham writes :—" The quality and variety of food presented at the Dinner Centres are very satisfactory. Frequent visits have been made and one cannot but be impressed by the manner in which these are conducted."

(2) *Scheme for the Supply of Milk, Cod Liver Oil and Malt, &c.* Considerable advantage continues to be taken of the arrangements under the milk scheme, with the willing help of Head Teachers and their Assistants. This also applies to the issue of Cod Liver Oil and Malt at cheap rates and free to the necessitous under medical orders.

The following number participate in the Scheme :—

- (a) Number of schools under the Milk Marketing Board Scheme, 483, an increase of 20.

Number of children participating, 38,362, an increase of 318.

- (b) Number of schools not necessarily under the Milk Marketing Board Scheme, 96.

Number of children participating, 4,048.

The County Medical Officer, after consulting the local Medical Officers of Health, issued during the year 84 certificates approving of the source and quality of the milk supplied. On 31st December, 1936, there were 527 certificates in operation under the scheme.

During the year samples of milk as delivered to the schools were obtained and submitted to biological examination and the bacteria count and coliform bacteria test with the following results :—

(a) *Biological Examination.* 694 samples, of which 27 gave inconclusive results, 25 (4.4%) were found to contain tubercle bacilli and 2 were sour when received at the laboratory. In respect to the samples containing tubercle bacilli, prompt action was taken by the Chief Veterinary Officer with a view to eliminating from the herds concerned any cow which was found to be giving tubercle bacilli in the milk.

(b) *Bacteria Count and Coliform Bacteria Test.* The standard adopted is that which applies to Grade A milk, namely, the number of bacteria must not be more than 200,000 per cubic centimetre and coliform bacillus must be absent in 1/100th of a cubic centimetre. Of the 696 samples examined, 13.4% did not comply with the adopted standard in respect to the number of bacteria and 26.8% in respect to the coliform bacillus. In each of the unsatisfactory cases representations were made to the local Medical Officer of Health and in some instances advisory visits by members of the staff of the County Health Department were made to the farms concerned.

In regard to those schools not participating, enquiries show that in the majority of the cases some other form of drink, such as cocoa, malted milk, &c., is provided.

Cod liver oil and other food adjuvants are supplied on the recommendation of the School Medical Inspector.

## 12. Co-operation of :—

### (a) *Parents.*

Reports show that 75% attended at routine medical inspections.

Co-operation of the parent on the whole is good, and it is desirable that no effort of the staff should be spared to influence the unwilling parent, otherwise the child must suffer, and this is not infrequently the case in regard to dental treatment.

### (b) *Teachers.*

Thanks are again due to teachers for willing co-operation both on the medical side and in connection with the issue of milk and cod liver oil and malt.

### (c) *Attendance Officers.*

Co-operation with these Officers has not raised any difficulties.

### (d) *Blind Persons Act Committee.*

This Committee has from time to time called attention to and rendered help in cases of children with defective sight.



(e) *Voluntary Bodies.*

We are again indebted and tender thanks to the following for helpful assistance rendered during the year :—

The Voluntary Hospitals, Care of Children Committees, County Nursing Association, County Association for the Care of the Blind, Essex Voluntary Association for Mental Welfare, National Society for Prevention of Cruelty to Children, the British Red Cross Society, the Society of the Order of St. John, the Hospital Savings Association, the Invalid Children's Aid Association and the Essex Rural Community Council.

**13. Blind, Deaf and Epileptic Children, &c.**

Table III shows the numbers as ascertained of these afflicted children.

(a) *Blind.*

There are 24 children under this heading, 15 being at certified schools for the blind. Of the 9 not at school, one has since been admitted to a Residential School, two have removed from the County, and the parents of six (two of whom are under five years of age) have not yet consented to admission to a Special School.

Of the partially sighted, of which there are 103 on the register, 52 are attending at Special Schools or Classes, 15 being at the Day Class at Grays and 2 in other institutions. In elementary schools there are 35, and 14 are not at any school or class.

(b) *Deaf.*

Of the 54 children classed as Deaf, 42 are in certified schools for the Deaf, 2 in other institutions, 7 remain in Public Elementary Schools and 3 are not at any school.

There are 5 children classified as partially deaf also in certified schools for the deaf.

(c) *Epileptics.*

There are 35 children registered as epileptics and 17 of these are at special schools; the remainder with one exception being in attendance at Elementary Schools.

(d) *Mentally Defective.*

There are 443 ascertained mentally defective children (boys 278, girls 165) certified as suitable for special education, 45 of these (boys 28, girls 17) being at residential schools.

In the County there are two day schools for special education of mentally defective children, with 165 on books, viz. :—

Boys.		Girls.		Totals.	
35	..	13	..	48	.. Woodford.
60	..	57	..	117	.. Dagenham.

It must be noted that the Grays Special School, which has always featured in these reports, was closed on July 31st, 1936, partially through lack of suitable premises and partially due to the new idea that such cases can be instructed in the C and D Classes of ordinary elementary schools. I am doubtful of the ultimate result of this step, as it will undoubtedly mean that the defective child will leave school at an earlier age and less well equipped to face life in the open world. It will in all probability tend to reduce the number of cases presented for certification and thus curtail ascertainment and the further after-care of which so many of the children are so much in need.

At the Walthamstow Day School for the Mentally Defective, 6 children (boys 5, girls 1) are in attendance.

The following is a summary of the records of 14 (10 boys and 4 girls) who left the Dagenham Heathway Special Class for Mentally Defectives during the year 1936 :—

*Boys :—*

Gardening	..	..	..	1
Farm Work	..	..	..	2
Cinema Page Boy	..	..	..	1
Apprentice to Cabinet Maker	..	..	..	1
Van Boy ..	..	..	..	1
Boot Repairing	..	..	..	1
Temporary work	..	..	..	2
Unemployed	..	..	..	1

*Girls :—*

Helping at home	..	..	..	2
Tailoring Machinist	..	..	..	1
Removed from County	..	..	..	1

(e) *Cripples.*

See paragraph 7 (i).

(f) *Children Suffering from Multiple Defects.*

The number ascertained is 34, and 18 of these are in certified Special Schools, 1 being in an institution, with 6 at elementary schools and 9 at no school or institution.

(g) *Delicate Children.*

At the end of the year there were 216 children under this heading. Of these 139 were at Certified Special Schools or Homes and 77 still in attendance at elementary schools.

Arrangements are available in the Dagenham area for the attendance of certain children for artificial sunlight treatment for certain periods in the winter months.

(i) *Open-Air Day Schools.*

Under the Education Committee, day classes are provided at the Grays Open-Air School and the Heathway Dagenham P.D. School for certain delicate children.

The school at Grays, which at present accommodates 60 children (mixed) and is being enlarged to accommodate a further 30 children, since its establishment has rendered extremely good service.

The Medical Officer in charge, Dr. W. T. G. Boul, reports on the year's working as follows :—

This school continues to justify its existence as the pioneer establishment of its type in Essex. Towards the end of the year work was started upon extensions designed to provide accommodation for an additional 30 children, and it is hoped that they will be ready early in 1937.

It is to be regretted that after more than six years the idea still prevails amongst many members of the public that the school caters only for tuberculous children, and it cannot be too widely known that no child suffering from pulmonary tuberculosis or any other infectious disease has ever been permitted to attend. The school combines education, nourishment and rest in degrees best suited for cases of debility, malnutrition, anæmia and kindred ailments, and the Head Teacher's analysis confirms that most of the entrants may be classed under one of these headings :—

No. of places in the school	..	..	60
No. of admissions during year	..	..	59
No. of re-admissions included above	..	..	4
No. of discharges	..	..	60

*Admissions recommended by.*

*Reasons for discharge.*

School Medical Inspectors	..	..	38	Cured—fit for school	..	48
District Tuberculosis Officer	..	..	17	Over school age	..	3
Other sources	..	..	4	Left district	..	3
				Unfit for open-air school treatment	..	6

Average increase in height :—

Boys— $1\frac{1}{2}$  ins. Girls— $2\frac{1}{8}$  ins.

Average increase in weight :—

Boys— $5\frac{1}{2}$  lbs. Girls— $5\frac{3}{8}$  lbs.

It is interesting to note that two girls recorded increases of 8 lbs. in weight and another grew  $2\frac{1}{2}$  ins. in less than six months. One boy gained



9lbs., while another added 2½ins. to his height. Once again the girls appear to make the best response to open-air treatment, but in 1936 the boys have showed an improvement.

Once more it is my pleasure to acknowledge the sterling work of the Head Teacher, Miss D. Schreiber, and her staff. Control of the school calls for patience, tact and enthusiasm, and the manner in which Miss Schreiber has carried out her duties should be a source of satisfaction to her employers.

(ii) *Residential Open-Air Schools.*

These have not been established by this County, but full advantage is taken of sending children to schools outside the County as the need arises.

(3) *Convalescent Homes.*

Numbers of children have participated in periods of convalescent treatment under the Committee's arrangements with convalescent homes. In the County Area 42 children received periods of treatment at the Ogilvie Home of Recovery, Clacton-on-Sea, where 19 beds are retained. At the Mabel Greville Convalescent Home, Walton-on-Naze, 26 children were admitted. Outside the County 4 beds continue to be retained at the Russell Cotes School of Recovery, Parkstone, Dorset, and this school received 33 children during the year.

A further 259 children received convalescent treatment at various Homes in the country.

**14. Full-Time Courses of Higher Education for the Blind, Deaf, Defective and Epileptic Children.**

Fifty-five students received a course of training, viz. :—Blind 42, Crippled 12, Epileptic 1.

The after-history of those who ceased training is as follows :—

Blind :—

Two transferred on completion of training to workshops.

Seven transferred on completion of training to Hand-workers' section.

Two unsatisfactory reports.

One employment.

One passed to another Authority.

Crippled :—

One obtained employment as boot repairer.

Two unsatisfactory reports.

Epileptic :—

One taken over by Public Assistance.

One removed by parents.

## 15. Nursery Schools.

As yet not established. Following numerous enquiries for these and the careful consideration of the Committee, plans have now been drawn up with a view to establishing two nursery schools.

## 16. Secondary Schools and Other Institutions of Higher Education.

Medical Inspection of Secondary Schools, both maintained and deficiency aided has continued, the total number of routine examinations being 6,131, this being 902 less than last year. The smaller number is accounted for by the fact that 1935 was the first year in which all aided schools came into the scheme with the result that all the pupils in attendance and the new entrants to the scheme had to be subjected to routine examination in that year. Re-inspections were made of 724 pupils and 178 special inspections.

Tabulated results of these examinations are set out in Table II S.

The number referred for treatment as the result of routine inspections was 630 or 10.3%, which is satisfactory and slightly less than the figures for 1935.

*Dental Treatment.* It was mentioned in last year's report that arrangements had been made with the Barking and Walthamstow Borough Committees for the staff of those Authorities to carry out this treatment in the Secondary Schools in those Boroughs and this arrangement has proved very satisfactory.

Table V. S shows the extent of the dental treatment arranged for Secondary School children. The small numbers indicate that lack of staff prevented this most important branch of the School Medical Service devoting much time to secondary pupils. It is highly desirable that this shall be improved. Of 1,746 pupils inspected, 1,169 required treatment or nearly 67%. A very high percentage, but increased no doubt by the fact that many of these inspections are not the results of routine inspections but the inspections of individual children referred by the Medical Inspectors for treatment.

Further consideration is still being given to ways and means of providing other forms of medical treatment for secondary pupils, the Committee being in consultation with the Extra-Metropolitan Boroughs of Barking, Ilford, Leyton and Walthamstow with a view to the possibility of arranging with the respective Authorities for the medical inspections and necessary treatment of pupils in the County Secondary Schools in these Boroughs.

## 17. Parents' Payments.

As previously reported, except in the case of Minor Ailments, parents are asked to contribute to the costs of treatment as far as their financial circumstances allow.

## 18. Health Education and Propaganda, &c.

Members of the Medical Nursing and Dental Staff have continued to give lectures and talks on health matters at Health Weeks, Women's Institutes, Open Days at Schools, &c., as and when occasion offers.

The Dental Board arranged Dental Demonstrations at Woodford, Waltham-Abbey, Chingford and Dagenham during January and November.

## 19. Special Enquiries.

Dr. J. Graham has carried out short investigations of the following subjects :—

### (1) *An Analysis of Eye Defects occurring in 2,000 Routine Examinations.*

22 cases showed evidence of some disease or defect  
apart from refraction errors .. .. = 1.1%

Of these 22 cases :—

17 were cases of Blepharitis .. ..	= 77.3%
2 were cases of Acute Conjunctivitis .. ..	= 9.2%
1 case of Phlyctenular Conjunctivitis .. ..	= 4.5%
1 case of Congenital Nystagmus .. ..	= 4.5%
1 case of Meibomian Cyst .. ..	= 4.5%

#### *Vision.*

Of 2,000 children, 348 showed evidence of  
defective vision .. .. = 17.4%

Of 2,000 children, 1,652 showed normal vision = 82.6%

#### *348 Cases made up as follows :—*

Girls 182 = 52.3% of the No. of cases and 9.1% of the total 2,000.

Boys 166 = 47.7% of the No. of cases and 8.3% of the total 2,000.

#### *Of the total cases (2,000) :—*

- (1) 82% approx. were normal = 6/6.
- (2) 12% showed very slight degree of faulty vision 6/9 —
- (3) 4% showed slight degree of faulty vision 6/9 — 6/12
- (4) 2% showed marked degree of faulty vision 6/18 — 6/60, &c.

#### *Squint.*

Of 2,000 children 22 were referred for squint = 1.1%

Boys = 12 = .6%

Girls = 10 = .5%

#### *An Analysis of 500 Refractions carried out under Atropine.*

	Cases.	Percentages.
Hypermetropia .. ..	161	= 32.2
Hypermetropic Astigmatism .. ..	201	= 40.2
Mixed Astigmatism .. ..	38	= 7.6
Myopia .. ..	54	= 10.8
Myopic Astigmatism .. ..	46	= 9.2



(2) *An Investigation into Cardiac Conditions found in 2,000 Routine Examinations.*

14 cases of Organic Heart Disease = 0.7%

11 cases acquired = .55%

3 cases congenital = .15%

Average age of all cases 9 years.

Of the 14 cases :—

Girls numbered 8 = 57% of the total.

Boys numbered 6 = 43% of the total.

The conditions were as follows :—

Mitral insufficiency	..	11	= 78.57%
Pulmonary Stenosis ..	..	2	= 14.28%
Patent Ductus Arteriosus	..	1	= 7.14%

In 11 cases of acquired heart disease :—

3 gave a history of Scarlet Fever	..	= 27.2%
9 gave a history of Rheumatism and allied conditions	.. ..	= 81.8%
7 gave a family history of Rheumatism	..	= 63.6%
6 cases had had Tonsillectomy	..	= 54.5%

With regard to the Tonsillectomy it was not found possible to draw any conclusions from the data given, *e.g.*, as to whether removal of tonsils was carried out because of mere enlargement or as a source of Sepsis, &c.

The figures quoted above correspond in some degree to those tabulated by Stancanelli—*La Pediatria*—October, 1935.

Two cases of Organic Heart Disease (Mitral Regurgitation) in this series gave no history of any acute illness, but in one a history of mild Rheumatism was elicited on enquiry and in the other several attacks of very mild "sore throat." In neither case was the parent aware of any existent Cardiac condition. Such cases are of great importance from two aspects. In view of the fact that the Cardiac condition may be fairly progressive, observation is required. Again, the importance of supervising the incipient rheumatic, or the child manifesting mild associated rheumatic conditions, *e.g.*, growing pains, mild tonsillitis, &c., cannot be over-estimated. The ideal would probably be a Rheumatic Clinic to deal especially with this type of case.

It might be mentioned that there has been a tendency in the past to label many cases of functional Mitral Murmurs as Cardiac cases, and the

patient is subjected to a totally unnecessary life of restriction and sometimes actual invalidism. School Medical Inspectors can do much to see that each type of case is properly classified and the true perspective of the individual case kept in view.

*Comparative Table, 1934-5-6.*

*Percentage of Cases with Organic and Acquired Heart Disease.*

(W. T. Ritchie. Published in B.M.J., 4-4-36).

Glasgow	..	..	..	.83%
Liverpool	..	..	..	.34%
Sheffield	..	..	..	1.16%
Bristol	..	..	..	1.0%
Fife ..	..	..	..	.21%
Edinburgh	..	..	..	.72%
Leicester	..	..	..	.97%
Aberdeen	..	..	..	.5%
Dundee	..	..	..	.72%
Dagenham	..	..	..	.7% (according to the above report).

(3) *An Analysis of the Diet of the School Child in the Dagenham Area.*

Tables are appended\* analysing the average daily diet of school children in the Dagenham area. The investigation was carried out over a period of several weeks and children of varying age took part. As a similar enquiry has already been published dealing with the dietary of children in an industrial town (British Medical Journal, June 13th, 1936), a similar method of classification has been adopted in the present instance in order that comparisons may be easily made.

The present enquiry was made with the co-operation of a number of Head Teachers, and no indication was given to the children of the purpose of the request for their dietary, which was taken as an intelligence and mental test in class.

Over 600 children participated, and in the case of one school the period reviewed consisted of 7 days. In all other cases the period was one day. Over 2,000 meals are tabulated. For the most part, four meals a day is standard, about 63% of children taking a fourth meal at night. Tea includes any meal between 4—6.30 p.m. and supper 6.30 p.m. onwards, the latest recorded time for supper being after 10.30 p.m. Heavy suppers were the exception rather than the rule. No account is taken in the present enquiry of the daily milk consumed in school.

A superficial examination of the percentages reveals a moderately satisfactory variation in the day's diet, but the following items do not appear sufficiently frequent :—milk, water, vegetables, raw fruit (a con-

\* See page 46.

## PERCENTAGE TABLE.

	Breakfast.	Dinner.	Tea.	Supper.	Total Meals.
Tea .. ..	67.8	16.5	66.3	15.0	44.09
Cocoa .. ..	11.1	1.2	4.1	27.1	9.2
Coffee .. ..	2.2	.3	—	4.5	1.4
Milk, &c. (1) .. ..	12.1	5.7	6.3	20.6	10.2
Water .. ..	1.2	10.7	1.9	6.5	4.9
Mineral Waters .. ..	—	.6	.9	2.5	.8
Soup .. ..	—	3.4	.9	.5	1.3
Oxo Bovril .. ..	.6	2.5	—	1.0	1.0
Bread (Dry) .. ..	10.8	7.9	8.5	13.5	9.8
Bread and Butter (2) .. ..	67.8	7.6	80.3	36.1	49.1
Cake and Biscuits .. ..	5.7	9.2	50.4	20.1	21.5
Jam .. ..	15.6	3.8	34.6	3.5	15.4
Eggs .. ..	23.5	3.4	3.1	—	8.3
Meat and Bacon .. ..	11.7	81.9	7.6	9.0	29.4
Fish .. ..	1.5	7.6	5.0	11.0	5.8
Potatoes .. ..	.9	80.3	3.8	18.5	26.6
Raw Vegetables .. ..	.3	2.2	2.5	1.5	1.6
Cooked Vegetables .. ..	—	51.1	1.2	1.5	14.6
Cheese .. ..	4.7	2.8	3.8	15.5	5.8
Cereals .. ..	41.7	.3	.3	3.0	12.1
Fruit and Tomatoes .. ..	11.1	27.9	17.7	14.0	18.3
Pudding (3) .. ..	—	11.1	3.1	.5	4.0
Milk Puddings .. ..	—	24.4	1.5	.5	7.2

(1) Includes Horlicks, Ovaltine, &amp;c.

(2) Includes Margarine, Dripping, Toast.

(3) Boiled Puddings, &amp;c.

## DETAILED ANALYSIS.

	Breakfast.	Dinner.	Tea.	Supper.	Total.
Tea .. ..	426	104	418	60	1,008
Cocoa .. ..	70	8	26	108	212
Coffee .. ..	14	2	—	18	34
Milk, &c. .. ..	76	36	40	82	234
Water .. ..	8	68	12	26	114
Mineral Waters .. ..	—	4	6	10	20
Soup .. ..	—	22	6	2	30
Oxo Bovril .. ..	4	16	—	4	24
Bread (Dry) .. ..	68	50	54	54	226
Bread and Butter .. ..	426	48	506	144	1,124
Cake and Biscuits .. ..	36	58	318	80	492
Jam .. ..	98	24	218	14	354
Eggs .. ..	148	22	20	—	190
Meat and Bacon .. ..	74	516	48	36	674
Fish .. ..	10	48	32	44	134
Potatoes .. ..	6	506	24	74	610
Raw Vegetables .. ..	2	14	16	6	38
Cooked Vegetables .. ..	—	322	8	6	336
Cheese .. ..	30	18	24	62	134
Cereals .. ..	262	2	2	12	278
Fruit and Tomatoes .. ..	70	176	116	56	418
Pudding .. ..	—	70	20	2	92
Milk Pudding .. ..	—	154	10	2	166

Number of Breakfasts Analysed .. .. 628

Number of Dinners Analysed .. .. 630

Number of Teas Analysed .. .. 630

Number of Suppers Analysed .. .. 398

Total Number of Meals Analysed .. .. 2,286

The above Table is a numerical analysis of the individual items in the total meals.



siderable percentage of fruit tabulated is tinned fruit) and fish. Potatoes are frequently "chips," and a large proportion of the meals tabulated as fish and potatoes consists of "fish and chips" bought at a fried fish shop. Again, meat frequently includes sausages, corned-beef and pies. Few children take soups and broths according to the figures; nor do eggs occupy a very high percentage amongst the items tabled.

## 20. Miscellaneous.

### (a) Teachers.

Special reports were made on two teachers during the year.

### (b) *Employment of Children and Young Persons Regulations.*

Examinations conducted under these Regulations again show a slight increase, 970 children being examined as against 951 for 1935.

A summary of the particulars are as follows :—

	Boys.	Girls.	Totals.
(1) Submitted for examination	.. 933	.. 37	.. 970
(2) Passed as fit ..	.. 927	.. 37	.. 964

Employments :—

(a) Farm work	..	.. 55	.. 10	.. 65
(b) Home	..	.. 37	.. 15	.. 52
(c) Gardening	..	.. 16	.. —	.. 16
(d) Paper delivery	..	.. 389	.. 7	.. 396
(e) Milk delivery	..	.. 62	.. —	.. 62
(f) Errands	..	.. 54	.. 1	.. 55
(g) Others (Bread, caddyng, grocery, &c.)	..	.. 314	.. 4	.. 318

### (e) *Children and Young Persons Act, 1933.*

Examinations carried out under the Children and Young Persons Act of 1933 :—

24 children (boys 19, girls 5) were examined.

### (d) Conferences.

During the year Group Conferences of the following Officers were held at the Central Office :—

- (a) Medical and Dental Officers.
- (b) Health Visitors.

These Conferences were found to be very helpful to all concerned.

## MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

## RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1936.

### A.—ROUTINE MEDICAL INSPECTIONS.

## Number of Prescribed Group Inspections.

Entrants	..	..	..	..	..	..	12,423
Second Age Group	..	..	..	..	..	..	15,856
Third Age Group	..	..	..	..	..	..	12,872
				Total	..	..	<u>41,151</u>

### B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	16,443
Number of Re-Inspections	..	..	..	..	..	36,816
			Total	..	..	53,259

### C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Prescribed Groups—							Percentage.
Entrants	..	..	..	..	..	1,464	11.87
Second Age Group	..	..	..	..	..	2,122	13.39
Third Age Group	..	..	..	..	..	1,668	12.96
Total (Prescribed Groups)	..	..				5,254	12.77

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION. YEAR ENDED  
31ST DECEMBER, 1936.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Requiring Treatment.	to be kept under observation, but not requiring Treatment.	Requiring Treatment.	to be kept under observation but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Ringworm :							
	Scalp ... ..				1	—	34	—
	Body ... ..				1	—	74	—
	Scabies ... ..				10	—	72	—
	Impetigo ... ..				10	2	1026	1
Other Diseases (Non-Tuberculous)					83	54	1417	9
Eye	Blepharitis ... ..				112	31	151	9
	Conjunctivitis ... ..				13	5	126	—
	Keratitis ... ..				—	—	3	—
	Corneal Opacities ... ..				—	—	5	1
	Other Conditions ... ..				11	22	214	1
	Defective Vision (excluding Squint)				2189	751	585	202
Squint ... ..					38	11	22	3
Ear	Defective Hearing ... ..				100	45	43	7
	Otitis Media ... ..				18	1	225	4
	Other Ear Diseases ... ..				54	111	190	16
Nose and Throat	Chronic Tonsillitis only ... ..				913	1272	510	312
	Adenoids only ... ..				49	71	40	15
	Chronic Tonsillitis and Adenoids ... ..				1092	800	423	172
	Other Conditions ... ..				11	63	249	12
Enlarged Cervical Glands (Non-Tuberculous)					103	362	181	77
Defective Speech ... ..					14	32	18	10
Heart and Circulation	Heart Disease :							
	Organic ... ..				—	—	32	—
	Functional ... ..				54	208	45	34
Anæmia ... ..					34	25	138	11
Lungs	Bronchitis ... ..				24	21	176	2
	Other Non-Tuberculous Diseases				70	137	83	21
Tuberculosis	Pulmonary :							
	Definite ... ..				—	—	—	—
	Suspected ... ..				5	2	16	—
	Non-Pulmonary :							
	Glands ... ..				2	—	11	1
	Bones and Joints ... ..				—	—	10	—
	Skin ... ..				—	—	1	—
Other Forms ... ..					—	—	1	—
Nervous System	Epilepsy ... ..				2	—	10	—
	Chorea ... ..				3	7	45	—
	Other Conditions ... ..				13	21	108	5
Deformities	Rickets ... ..				—	1	20	—
	Spinal Curvature ... ..				33	33	25	1
	Other Forms ... ..				192	734	226	83
Other Defects and Diseases (Excluding Uncleanliness and Dental Diseases).					346	433	2038	67



TABLE II.—*continued.*

## B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants .. ..	12423	571	4.59	11348	91.35	457	3.68	47	.38
Second Age-group ..	15856	727	4.59	14541	91.70	524	3.31	64	.40
Third Age-group ..	12872	575	4.47	11993	93.17	285	2.21	19	.15
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total ..	41151	1873	4.55	37882	92.06	1266	3.08	130	.31

TABLE III.

## RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1936.

## Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
15	—	—	9	24

## Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	52	35	2	14	103

## Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
42	7	2	3	54

TABLE III—*continued*.**Partially Deaf Children.**

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	—	6	—	1	12

**Mentally Defective Children.****FEEBLE-MINDED CHILDREN.**

At Certified Schools Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
216	140	3	84	443

**Epileptic Children.****CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
17	17	—	1	35

**Physically Defective Children.****A—TUBEROULOUS CHILDREN.***(i) Children suffering from Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	16	4	30	56

*(ii) Children suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
63	344	4	50	461

TABLE III.—*continued.*

## B—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
139	77	—	—	216

## C—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
80	376	3	164	583

## D—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
47	114	3	39	203

## Children suffering from Multiple Defects.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
M. D. and Epileptic ...	6	1	—	2	9
M. D. and Cripple ...	6	4	—	5	15
M. D. and Heart ...	3	1	—	—	4
M. D. and Blind ...	—	—	1	1	2
M. D. and Deaf ...	1	—	—	—	1
Cripple and Deaf ...	1	—	—	—	1
Cripple and Heart ...	—	—	—	1	1
Epileptic and Heart	1	—	—	—	1
Totals ...	18	6	1	9	34

M. D. = Mentally Defective.



TABLE IV.

## RETURN OF DEFECTS TREATED DURING 1936.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment .. ..	22	—	22
(ii) Other " .. ..	246	2	248
Ringworm-Body .. ..	295	2	297
Scabies .. ..	311	9	320
Impetigo .. ..	3052	13	3065
Other skin disease .. ..	2875	45	2920
Minor Eye Defects .. ..	1486	83	1569
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects .. ..	2043	73	2116
Miscellaneous .. .. (e.g., minor injuries, bruises, sores, chillblains, &c.)	5006	1925	6931
Total .. ..	15336	2152	17488

## GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint) ..	6890	214	7104
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .. ..	—	—	—
Total .. ..	6890	214	7104

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme .. .. 4859

(b) Otherwise .. .. 117

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme .. .. 4121

(b) Otherwise .. .. 106

TABLE IV.—*continued.*

## GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.											
Received Operative Treatment.										Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme —in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.			
(1)				(2)				(3)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
287	21	918	—	209	14	41	—	496	35	959	—
1226				264				1490		2492	3982

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other defects of the nose and throat.

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopædic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated.	63	14	2598	2	—	17	2694

TABLE V.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine Age Groups	4	..	468	Total	..	54806
	5	..	7134			
	6	..	7224			
	7	..	6386			
	8	..	7120			
	9	..	6488			
	10	..	6536			
	11	..	4391			
	12	..	4527			
	13	..	3512			
	14	..	1001			
	15	..	19			

Specials ... .. 806

Total (Routine and Specials) .. 55612

(b) Found to require treatment .. 37640

Actually treated .. 19934

(2) Attendances made by children for treatment ... .. 29562

(3) Half-days devoted to:—

Inspection	..	..	506	Total	..	3716
Treatment	..	..	3210			

(4) Fillings:—

Permanent teeth	14285	Total	..	18483
Temporary teeth	4198			

(5) Extractions:—

Permanent teeth	6527	Total	..	30342
Temporary teeth	23815			

(6) Administrations of general anaesthetics for extractions .. 13826

(7) Other operations:—

Permanent teeth	1298	Total	..	3507
Temporary teeth	2209			

TABLE VI.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses ... ..	5
(ii.) Total number of examinations of children in the Schools by School Nurses ...	357209
(iii.) Number of individual children found unclean ... ..	4209
(iv.) Number of children cleansed under arrangements made by the Local Education Authority ... ..	29
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ... ..	29
(b) Under School Attendance Bye-laws... ..	3





TABLE II.

—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31st DECEMBER, 1936.

Defect or Dis-ase.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Ringworm :							
	Scalp .. ...				—	—	—	—
	Body .. ...				—	—	—	—
	Scabies .. ...				—	—	—	—
	Impetigo .. ...				—	—	—	—
	Other Diseases (Non-Tuberculous)				8	9	—	—
Eye	Blepharitis .. ...				5	3	—	—
	Conjunctivitis .. ...				—	—	—	—
	Keratitis .. ...				—	—	—	—
	Corneal Opacities .. ...				—	—	—	—
	Other Conditions (excluding Defective Vision and Squint)				—	—	—	2
	Defective Vision (excluding Squint)				417	235	15	14
	Squint .. ...				3	—	—	—
Ear	Defective Hearing .. ...				10	5	—	—
	Otitis Media .. ...				2	—	—	1
	Other Ear Diseases .. ...				5	14	—	1
Nose and Throat	Chronic Tonsillitis only .. ...				74	158	10	6
	Adenoids only .. ...				2	9	—	—
	Chronic Tonsillitis and Adenoids .. ...				42	75	1	4
	Other Conditions .. ...				—	3	—	—
Enlarged Cervical Glands (Non-Tuberculous)					14	36	2	2
Defective Speech .. ...					—	4	—	—
Heart and Circulation	Heart Disease :							
	Organic .. ...				—	—	—	—
	Functional .. ...				4	33	—	3
	Anæmia .. ...				1	2	—	—
Lungs	Bronchitis... ..				2	—	—	—
	Other Non-Tuberculous Diseases				6	13	—	—
Tuberculosis	Pulmonary :							
	Definite .. ...				—	—	—	—
	Suspected .. ...				—	—	—	—
	Non-Pulmonary :							
	Glands .. ...				—	—	—	—
	Bones and Joints... ..				—	—	—	—
	Skin .. ...				—	—	—	—
	Other Forms .. ...				—	—	—	—
Nervous System	Epilepsy .. ...				—	—	—	—
	Chorea .. ...				—	—	—	—
	Other Conditions .. ...				1	—	—	—
Deformities	Rickets .. ...				—	—	—	—
	Spinal Curvature .. ...				2	28	—	—
	Other Forms .. ...				31	357	—	14
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)					38	100	1	12

TABLE II.—*continued.*

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants .. ..	886	29	3.27	836	94.36	21	2.37	—	—
Second Age-group ..	3242	112	3.45	3033	93.55	97	3.00	—	—
Third Age-group ..	2003	116	5.79	1861	92.91	26	1.30	—	—
Total .. ..	6131	257	4.19	5730	93.46	144	2.35	—	—

TABLE V. S.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children inspected by the Dentist :—

(a) Routine age-groups :

Age :	9	10	11	12	13	14	15	16	17	18
Number :	2	1	195	241	426	362	320	168	21	10

Total .. 1746

(b) Specials .. .. 1746

(c) Total (Routine and Specials) .. 1169

(2) Number found to require Treatment .. 404

(3) Number actually treated .. 684

(4) Attendances made by Children for Treatment .. 8

(5) Half-days devoted to :—

Inspection .. .. 89

Treatment .. .. 97

Total .. 676

(6) Fillings :—

Permanent Teeth .. 8

Temporary Teeth .. 684

Total .. 165

(7) Extractions :—

Permanent Teeth .. 83

Temporary Teeth .. 248

Total .. 125

(8) Administrations of General Anaesthetics for Extractions .. 178

(9) Other Operations :—

Permanent Teeth .. 2

Temporary Teeth .. 180

Total ..





